PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: Steven Bot Cuthnie UNITED STATES HOUSE OF REPRESENTATIVES B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? 2020 FINANCIAL DISCLOSURE STATEMENT EXEMPTION – Have you excluded from this report any other assets, "unserned" income, transactions, or liabilities of a spouse or your dependent shild because they meet all three tests for exemption? Do not answer 'yes," unless you have first consulted with the Committee of Ethics. IP® – Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yas" to this question, please or contact the Committee on Ethios for further guidance. E, Did you hold any reportable positions during the reporting period or in the quirrant calendar year up through the data of filling? D. Did you, your spouse, or your dependent thild have any repentable liability (more than \$10,000) at any point during the reporting period? C. Clid you or your spouse have "carned" income (e.g., salades, honoraria, or pension/IRA distributions) of \$200 or more during the A. Did you, your spouse, or your dependent dilide TRUSTS – Details regarding "Ciralified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or departient child?" pound Bunode FLER REPORT a. Cwn any reportable asset that was worth more than \$1,000 at the end of the raporting period? b. Receive more than \$200 in unearned income from any raportable asset during the reporting period X 2020 Annual (Due; May 17, 2021 House of Representatives Member of the U.S. District: State: **≨ ≤** ₹ **×** X **₹** 8 X Daytime Telephone: 212 225 3501 Amendment 중 3 8 Z For Use by Members, Officers, and Employees ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$4.15 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? ©. Did you, yeur spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single Did any individual or organization make a donation to charity in ited of paying you for a speech, appearance, or article during the guinge during the reporting period: Employee Officer or Employing Office Termination Date of Termination: William who files more than 30 days letter to the letter of the letter o LESISLATIVE RESOURCE CENTER 2021 ABETES-SAMBILL DELIVERED Shared Staff Filer Type: (If Applicable) HAND Page 1 of 18 8 ž 8 2 ž 188 $\overline{\mathbf{X}}$ Principal Assistant Z Z 2 7 **Z** 蓄 3 X X X

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SCHEDULE A -- ASSETS & " UNEARNED

Name: Steven Brett Guthrie

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SCHEDULE A - ASSETS & " UNEARNED

Name: Steven Breff Guthric

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Name: Steven Both Cuthric Page 7 of 18

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SCHEDULE A -- ASSETS & " UNEARNED

Name: Steven Brot Cuthric

Assets and/or income Sources

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SCHEDULE B -- TRANSACTIONS

Name: Steven Both Conthair

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SCHEDULE B - TRANSACTIONS

Name: Stewn Bott Cuthric

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SCHEDULE C - EARNED INCOME

Name: Steven Brit Guthric Page_

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$28,595. In addition, certain types of income (notably honorarie, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	d at or above the "senior staff rate was \$ relationship) are totally prohibited.	28,845. The 2021 limit is \$29,595.
Source (include date of receipt for honoraria)	Туре	Amount
Kaene State	Approved Teaching Fee	\$6,000
EXAMPLES: Civil War Boundtable (Ort. 2) Onterio County Board of Education	Aleigo Serioros Serioros	S1 con N/A
In S Congress	Salarn	\$ 174,000 °
	J	,

10	Page / _of	Gulhaco	# 20	Name: Steven

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personal residence); and ilabilities of a business in which you own an interest (unless you are personally liable); and ilabilities of a business in which you own an interest (unless you are personally liable); and ilabilities of a business in which you own an interest (unless you are personally liable); and ilabilities of a business in which you own an interest (unless you are personally liable); and ilabilities of a business in which you own an interest (unless you are personally liable); and ilabilities of a business in which you own an interest (unless you are personally liable); and ilabilities of a business in which you own an interest (unless you are personally liable); and ilabilities of a business in which you own an interest (unless you are personally liable); and ilabilities of a business in which you own an interest (unless you are personal residence (unless you are personal residence (unless on the reporting period exceeded to you or your spouse or dependent child.

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Type of Liability	Type of Liability > \$10,001-\$15,000	10,001- 15,000 > 15,001- 50,000	\$10,001- \$15,000 > \$15,000 \$50,000 \$	\$10,001- \$15,000 > \$15,001- \$50,000 0 \$50,001- \$100,001- \$250,000	\$10,001- \$15,000 > \$15,001- \$50,000	Type of Lability 10,001- 1515,000 1515,000 1515,000 1515,000 1515,000 1515,000 1515,000 1515,000 1515,000 1515,000 1515,000 1515,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000 1515,000,000	\$10,001- \$15,000	710,001- 115,000	Type of Liability \$10,001- \$15,000 \$50,001- \$50,000 \$50,001- \$500,000 \$250,001- \$500,000 \$500,001- \$500,000 \$500,001- \$500,000 \$500,001- \$500,000 \$500,001- \$500,000
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an erganization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entitles (such as political parties and campaign organizations); and positions social, fraternal, or political entitles (such as political parties and campaign organizations); and positions social, fraternal, or political entitles (such as political parties and campaign organizations); and positions social, fraternal, or political entitles (such as political parties and campaign organizations); and positions social, fraternal, or political entitles (such as political parties and campaign organization).

		Board Member	Position
		Trace Die Cost inc Family Business	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Steven Batt Cuthic Z

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

al de la la		
Date	Parties to Agreement	Terms of Agreement
1134	Bat Conthin Trace Die Cust (TDC)	1134 But Couth to Trace Die Cist (TDC) leave of absence for sovermont service
11319	11319 Brit Conthon & TDC	Holk non contribution by masself + TOC
1)3/9		Defirmal Compression, run contribution, while
		on leave
1)01	XY Employment Retirement System	XY Employment Retirement System Asprenont between Self of KERS - Defind Benefit
	• ()	No Cash Value or assets aimed or controlled

SCHEDULE G - GIFTS

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Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Ехатрів:	Mr. Joseph Smith, Anlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$800

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Steven
Bat buthie
Page / 6 of 18

identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filter.

	Source	Data(e)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YNI)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 0-11	DO-Belling, China-DC	¥	*	z
Exampled:	Habital for Hamanity (Charity Punchaser)	Ner. 3-4	DC-Booker-DC	γ	٧	Y
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Examples: List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA XYZ Magazine Association of American Associations, Washington, DC Name: Steinen but bothire Page 12 of Activity Speech Atticle Feb. 2, 2020 Aug. 13, 2020 Date **Amount** \$2,000 \$500

Name: Steven Brotton thric Page 18 or 18

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